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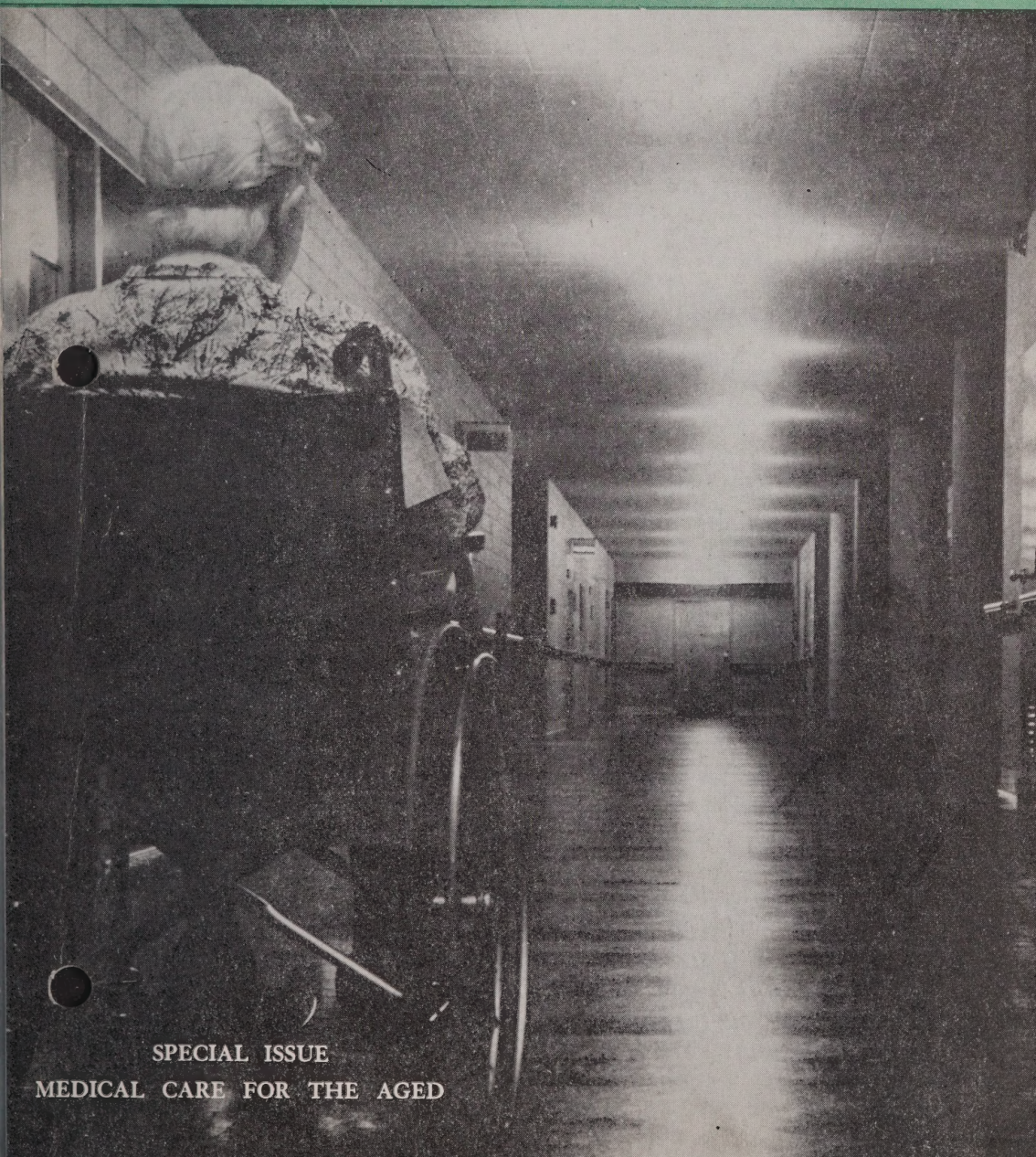
The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XVIII NOVEMBER, 1962 NO. 9



SPECIAL ISSUE

MEDICAL CARE FOR THE AGED

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The Hampden Hippocrat

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THE HAMPDEN HIPPOCRAT, NOVEMBER, 1962

EDITORIAL

THE PHILOSOPHY OF MEDICAL CARE FOR THE AGED

In considering the needs of the chronically aged, one must keep in mind the uncompromising need for happiness through security. The material comforts of food, shelter, and routine bodily care provide only minimal forms of the latter. More important is the need for a valid purpose in life, the respect of fellow beings for one's own personality, a voice in ordering one's own life, and the ability to exercise one's own right of choice. One hundred years ago Robert Browning expressed this in simple terms when he intimated that equanimity depends on what we now learnedly call the "psychological defenses". He stated: "We live by admiration, love, and praise". In a word, security depends upon a feeling that one is wanted. To feel wanted, however, one must be able to convince himself and others, that he is worth wanting. This is the kernel, the heart, and the crux of the disabled aged problem.

Practically speaking, this ever growing problem has two evolving alternatives for solution. One is the acceptance of the traditional cultural pattern of aging and disability by the family as a social responsibility of the family unit; the other, is a system of massive institutionalization whereby the disabled aged are made wards of the state. Today, the majority of care is rendered by the family along traditional patterns of family responsibility. However,

modern conditions have and are making it increasingly difficult for families to do their natural duty in regard to their disabled elderly relatives. As a result, many families are accepting and spreading in self-defense the doctrine that it is for the State to provide for these individuals.

The Natural Law, which antedates Christianity and binds all men in their relationship to humanity and their Creator, requires that man shall be fully responsible for his own support and that of his dependents. Moreover, it places a limit on what the State may legitimately do in this respect. The association of men into states does not vary the Natural Law. The primary function of the State is to enable man to fulfill his obligations more conveniently and to impose effective restraints on unsocial persons whose selfishness might prejudice the welfare of many. In matters of social welfare, the State's duty is to encourage men to be responsible beings and to help them to provide for the future. In times of stress, the State may legitimately take over the responsibility of the individual, but the State should revert to its subsidiary function when the emergency is over.

Institutionalization, especially, on a massive basis is to be deplored. The character of an institutional facility is such that people live communally with a minimum of privacy. Mobility is restricted, and access to social experiences is limited. As a result most subsist in a defensive shell of isolation which leads to an ever descending vicious cycle of depersonalization, dependency, and deterioration. Suicides among the aged in Sweden, a very highly institutionalized country, have risen sharply in recent years, ostensibly because these people feel that they have been deserted by their families and relatives.

The solution to the problem of the disabled senior citizen is *family* responsibility in the broadest sense, with the State playing a subsidiary role in providing that which the family or the individual cannot.

Families faced with difficult situations are willing, for the most part, to adjust and to offer great sacrifices for loved one. However, they cannot be expected to originate a system of comprehensive medical care and a system of financing therefor. Organized medicine must assume leadership in developing such practical systems; otherwise, it will be forced to accept the thinking and fiat of others. The latter most likely will not be in the best interests of the patient or the public.

J. C. A.

CONCERNING THE HIPPOCRAT

It is interesting to note that:

The "Hippocrat" publishes monthly 700 copies, at the cost of more than one dollar per copy.

Only three other district societies (out of twenty) in the M.M.S. publish bulletins of their own.

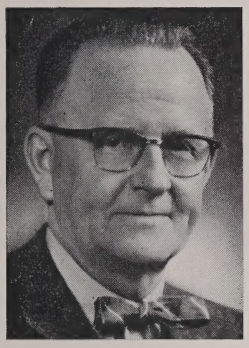
The "Hippocrat" is financially self-sustaining, and has been so practically since its very beginning, more than 20 years ago.

The "Hippocrat" welcomes comments, suggestions and criticism from Society members.

The next issue of the Hippocrat will be devoted largely to Medical Ethics.

President's Page

THE KEOUGH BILL



November 6 was Election Day. I trust that every doctor exercised his prerogative and expressed his preference at the polls.

It is timely that the Hippocrat devote a special issue to medical care of the aged. Anything that will serve to clear the air is most welcome. Moreover, it is quite obvious that the politicians are still intent on using the elderly patient as a political football and as a wedge in the door to socialized medicine.

Of special interest to our profession is the Keough Bill which was signed recently into law by President Kennedy.

This bill which has been considered in Congress for 11 years in one form or another, authorizes self-employed persons to deduct for tax purposes a part of their earnings set aside in a fund for retirement. A *maximum* of $1,250 a year—half of an amount up to $2,500 a year set aside in such a fund—is deductible for tax purposes.

The fly in the ointment is that the law requires the self-employed person, if he is an employer, to include under the plan every full-time employee with three or more years of service.

Therefore, and according to Medical Economics, "the savings may be much less than you think . . . From 1963 to 1983, tax savings on your own pension fund might total $18,000 if you're in the 34% tax bracket. But over the same period, pension costs for two $75.-a-week aides might run close to $10,000 in all."

Nevertheless, the Keough Act is better than nothing at all. We should keep in mind also that it was strongly backed by the American Medical Association as a possible alternative to extending Social Security coverage to self-employed physicians.

Ralph T. Miller, M.D.

HOW IS KERR-MILLS DOING?

The Kerr-Mills bill was enacted in 1960. How has this legislation fared? Has it accomplished its intended purpose of providing adequate medical care for the needy and near needy without Federal control?

The answers to these questions vary considerably in various parts of the country since its success is dependent on the form of implementation by the various states. First, just what is the Kerr-Mills Act? One phase, which provides more Federal aid to Old Age Assistance recipients was in reality an extension of an existing program. We are more concerned with the second phase, the Medical Assistance for the Aged program, which is new and which was intended to provide aid to the elderly who are not on relief but who may need help when illness strikes. In this program, the Federal Government provides 50 to 80 percent of the cost without limit as long as the states make up the balance.

The Kerr-Mills Act has had the support of organized medicine from the very beginning because it helps those who need help, not those who simply happen to be on the Social Security rolls, and also because it is under local, not Washington, control. We are vitally concerned with the success of this program in the full realization that the alternative means King-Anderson type of legislation. At the Chicago meeting held in June, 1962, the House of Delegates of the A.M.A. reaffirmed its position of opposition to the King-Anderson bill based on the following reasons: "1) the lack of need for such a plan, 2) that it would provide inadequate care for all aged rather than complete care for those who need help, 3) the fact that inherent in the use of the social security mechanism are governmental controls of medical practice which would increase with the expansion of the program and 4) deterioration of the quality of medical care not only for the aged but for the population as a whole."

How well has Kerr-Mills functioned? A recent survey published in *Medcial Economics* indicates that there is wide variation in the different states. Some states offer only minimal benefits, others provide more comprehensive care, while still others stress only major illnesses. Only 26 states have working M.A.A. programs, while 13

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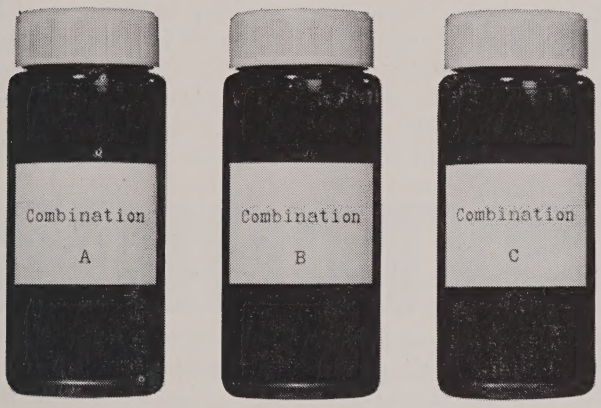

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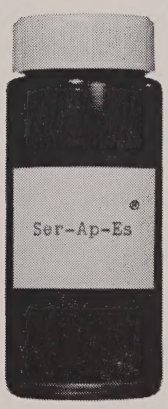

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1. Dupler, D.A., Greenwood, R.J., and Connell, J.T.: J.A.M.A. 174:123 (Sept. 10) 1960.
2. Hobbs, L.F.: To be published. 2/3026MB

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SUMMIT, N. J.

others use Kerr-Mills money for medical care to Old Age Assistance recipients only. Of these, Iowa and Mississippi passed M.A.A. legislation but did not appropriate funds to run the program, while Virginia will not start its program until 1964. New Mexico withdrew its program for lack of funds. The remaining eleven states have done nothing about Kerr-Mills aid.

Massachusetts was one of the first states to implement this program, and with California, Michigan, and New York, has accounted for 90% of the Kerr-Mills money spent, taking care of 70% of the M.A.A. recipients. Unfortunately, other states have not done so well, and much remains to be done. This situation was recognized by the House of Delegates of the A.M.A. which has urged that each state medical society "work actively with other responsible citizens in reviewing the functions of the Kerr-Mills law, evaluating its effectiveness and aggressively supporting improvements in programs to aid those aged who need help so as to achieve the provision of quality medical care and service".

The Kerr-Mills Act was intended to add to, not replace, previously existing programs. The "Medical Economics" report points out that many states find it profitable to switch O.A.A. recipients to the new M.A.A. plan as a means of obtaining Federal money. The Tax Foundation report indicates that nearly all the fifteen thousand M.A.A. recipients in Massachusetts in 1961 were transfers from O.A.A. This defeats the original purpose of Kerr-Mills in that it makes the K.M. law simply an extension of O.A.A. It is regrettable that K.M. administration should ever have gotten into the Welfare Department at all. It should be a separate agency for the care of the aged who are not on relief ordinarily but require help only when illness strikes. Similarly, in California 80% of the first month's applications in their new program came from O.A.A. These people would have received aid even if Kerr-Mills had never been passed. That the members of the M.M.S. are not satisfied with the way K.M. has been implemented in this state was demonstrated at the last Council meeting when a resolution was approved to study its legal implications. (See page 23).

The fear that Kerr-Mills would be too costly has proved groundless. On

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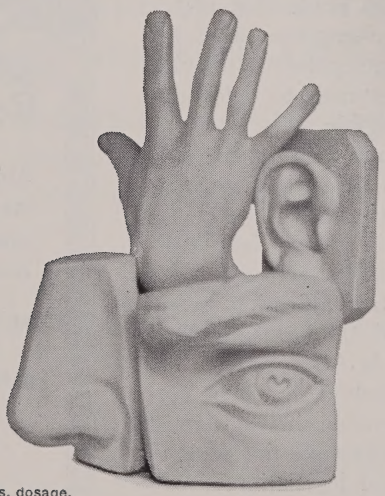

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the contrary, one wonders why so little money has been spent. A special senate committee on aging (the McNamara committee) originally estimated that the ultimate cost would be $800,000,000 annually. Yet, during an eight months' period only $110,000,000 was spent. With a program so new and the need so uncertain, many states restrict the use of Kerr-Mills to very low income requirements, or limit the program to catastrophic or long term illnesses. Illinois requires that the recipient show that he has already paid 10% of his income toward medical bills. These strict requirements tend to reduce the number of Kerr-Mills recipients.

Nevertheless, the program does have promise. In a recent letter to Dr. Buck, Secretary of the M.S.S., Dr. Claire W. Twinam, Supt. of Pondville Hospital, expressed surprise at the large numbers of patients and their relatives who are completely unaware of the provisions of the Kerr-Mills Act. When it was suggested that they apply to M.A.A., some of these people have been deeply grateful and appreciative. The suggestion was made that physicians familiarize themselves with the law and encourage patients to visit the Welfare Department to determine if they may be eligible.

Meanwhile, we must be patient with any new program of such magnitude and give it time to work. There is a great deal of merit to the Kerr-Mills law, and it deserves the active support of all physicians. In reaffirming strong support for the bill, the House of Delegates of the A.M.A. declared that "the Kerr-Mills method should be given a fair and reasonable chance to meet the need and thus remove the demand for further Federal legislation."

Tillman

TEACHING CLINICS

The last two Teaching Clinics in General Medicine, presented by the Springfield Chapter, American Academy of General Practice, in cooperation with Eli Lilly and Company, will be held on:

November 19, "Cancer Detection and Its Implications", Charles Atamian, M.D.

November 26, "Latest Trends in Endocrinology, Louis A. Izenstein, M.D.

Time: Mondays, 4-6 p.m.; place: the Springfield Hospital Auditorium; Credit: Acceptable for 16 Category I Credit hours. For further information or additional programs contact:

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HAMPDEN DISTRICT MEETING

TIME: Tuesday, December 4

Social Hour 6 p.m.

Dinner (Courtesy of Society)

7 p.m.

PLACE: Storrowton Village Barn
West Springfield, Mass.

AGENDA: Amendments to By-laws
Sound Film — "Your Health — Your Choice"

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President-Elect, A.M.A.

Committee Reports and other organizational and socio-economic matters

YOUR PRESENCE IS URGENTLY REQUESTED

Ray T. Smith
Secretary

HEALTH CARE FOR THE AGED IN FOREIGN LANDS

Health care for the aged is very much with us these days. In fact, the subject is becoming afflicted with second thoughts, flashes of new insight, and even inklings that it is being over-emphasized.

After all, is it really logical to offer health assistance only to the aged? Why not offer it to the newborn, or to the married young struggling to get themselves and their new baby a decent start? Perhaps, too, it should be offered to those family men, burdened with the costs of educating their children, who get heart attacks in their thirties and forties. Or wouldn't it really be easier just to offer it to everybody — in a compulsory way?

But slow now — let's glance first at the record in other western democracies. They have struggled with aspects of government medicine for many generations. What do we find?

We discover that not one of these countries has singled out the aged for special concern. We begin to realize that it is a fallacy to pretend that any one biological group per se and in toto needs aid. In England, the aged are by far the largest group seeking and obtaining private medical care at their own expense even though by so doing they become automatically ineligible for free care in the hospitals. In England, over two million people now choose to pay for private care including two groups: the politicians and the professional people who can't spare the time to use the National Health Service.

In West Germany, compulsory health care involves only those in the lower wage brackets, regardless of their age. The system is so inefficient that those covered by it struggle to earn enough to be eligible to seek private care outside it. Quackery and folk medicine thrive in Germany and Austria now, quackery which people choose to pay to receive on the theory that "What's free isn't worth much."

West Germany spent five years from 1951 to 1956 preparing a law to protect one biological group. What group was it? The bill proposed compulsory health exams for all youths under eighteen seeking employment. The idea has much merit. But, since the bill provided that only assigned government doctors could do the exams and that the young people could con-

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tinue to work only if they remained under government medical supervision ever after, the political motivations behind the bill were obvious. "Medical exams for the young became a bandwagon no one was willing to miss." But after 4½ years of struggle the medical profession finally won the right of all physicians to do the exams with freedom of choice of physician assured to the patient and no report to anyone except the employer involved.

In Sweden, a prosperous and healthy country, 70% of the population in 1955 carried voluntary health insurance. But the advocates of compusory government medicine played up the inadequacies of voluntary insurance for the very small group of very poor and aged. Instead of legislating to help this small group the government succeeded in foisting universal compulsory health taxation on all people 16 years old and older. This excessively drastic change was openly intended to help level income and equalize the standard of living. By helping to distribute the wealth it proved most popular. Yet, today even the Swedes are becoming increasingly critical of their system which overcrowds hospitals so badly that in one city alone 40 people died recently before they could get admitted.

It is interesting, also, to note that in France following the doctors' strike in 1960 the insurance industry was emboldened to initiate health protection for a particular group to protect its freedom from government monopoly. This group happened to be the farmers. By defending the farmers' need for freedoms and by offering

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them non-profit health policies, the insurance companies won passage of a law in December, 1960, establishing the principle of free choice of insurance organization. The insurance companies of France have thus courageously shown "that the obligation of insurance need not lead to public, nationwide, monolithic organizations."

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H. D. A. M. A.

The Hampden District Association of Medical Assistants played host to the Third Annual Convention of the Massachusetts Association of Medical Assistants which was held at the Sheraton-Kimball Hotel on October 5, 6, and 7. Representing the M.M.S. was Allen Johnson, M.D., President-Elect, while Dr. Ralph T. Miller, President of H.D.M.S. represented this Society.

The November meeting of the Hampden District Association of Medical Assistants was held on Tuesday, November 13 at 7:30 p.m. at the Wesson Memorial Hospital. After the business meeting, the speaker was Mr. Gerald Dunican, who spoke on "Medicare" and showed a film entitled, "Bowl of Hygeia".

Plans are being completed for an educational program, which will begin after the first of the year. This program will consist of two separate sections. The first will be a course in First Aid in the Doctor's Office, and the second will be a laboratory refresher course.

ATTEND THE DISTRICT MEETING
(See Page 9).

SEAT BELTS FOR SALE

Members of the Society may now obtain seat belts for their automobiles through Society Headquarters. Cost $5.50. Installation, if desired, $2.50. In addition there is a sticker which reads, "Seat Belts Save, We Use Them". This sticker bears the seal of H.D.M.S.

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REPORT OF BY-LAWS COMMITTEE

The By-laws Committee recommends the *immediate adoption* of the following amendments to Chapter I. The reason for these amendments is to delineate the purposes of the H.D.M.S. and to stipulate the manner of disposal of assets in the event of dissolution. (Reasons for "immediate adoption" will be explained at December 4 meeting).

Chapter I now reads:

CHAPTER I
Name

The organization, a component of the Massachusetts Medical Society, shall be known as the Hampden District Medical Society.

If amendments are adopted, Chapter I will read as follows:

CHAPTER I

NAME AND PURPOSES

Section 1. The organization, a component of the Massachusetts Medical Society, shall be known as the Hampden District Medical Society.

Section 2. The purposes of this organization shall be:
(a) To elevate the standards of medical practice, and
(b) To promote and protect the health of the public.

Section 3. In the event of dissolution, all residual assets of this organization shall be donated to a non-profit charitable or educational organization.

Max Millman, Chairman

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BLUE SHIELD AND THE AGED

by

Walter J. J. Nero, M.D., Chairman
Blue Shield District Professional Committee

Recently each member of the H. D.M.S. received a communication from Dr. Charles G. Hayden, Executive Director of Blue Shield. This was meant to clarify what Blue Cross-Blue Shield has to offer our elderly population.

Non-Group Blue Cross-Blue Shield are available the year round regardless of age or physical condition with the following stipulations: 1. An eight-month waiting period for certain conditions. 2. Waiver of certain known conditions and 3. Higher rates than standard for persons with certain non-correctable conditions.

On September 19, 1962, the chairman of the Hampden District Professional Blue Shield Committee attended the quarterly Blue Shield meeting in Boston. The afternoon proved to be very interesting and informative.

We learned that Blue Shield covers 2½ million people. In 1952, 10,000,000 claims were paid by Blue Shield. In 1962 the figure is projected to 50,000,000 claims. There is about a 4% increase in utilization each year. In the past, rates for Blue Shield coverage were determined by a long cycle projection of 3-4 years. Because of press and political criticism we now have shorter rate cycle (2 years). A breakdown of Blue Shield expense shows 9% expenditure for other than payments of claims. The figure compares favorable with Blue Shields in other areas.

A final topic of discussion concerned claims. There were over 1,000,000 claims this year with an increase in both volume and in variety of services. Each day 5,000 claims are processed, a stack which would reach 6 feet high if stacked. Expanding benefits and enrollment have made this possible. About 4% of claims are rejected, the reasons usually being: lapsing membership; certificate not effective yet; incomplete waiting periods, and dependents being past age 19.

It was unanimously felt at this meeting that quarterly meetings of the Blue-Shield chairmen should continue.

Since January, 1961, 100,000 people over age 65 have enrolled in the Non-Group Direct Payment Prolonged Illness Certificates. #

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MASS. 65

by

Mr. Fred T. Googins, Jr., 2nd Vice-President, Group Department, Massachusetts Mutual Life Insurance Company and Chairman of Sales Promotion Committee of "Mass 65"

The medical profession has made it possible for persons who reach age 65 to look forward to from 12 to 15 years of life, mostly under satisfactory conditions of health.

But, after age 75 serious medical problems begin to catch up with the elderly and by that time many have used up their savings and find it difficult to meet the often catastrophic costs of a serious illness.

A resolution, adopted by the Massachusetts Medical Society favoring legislation to permit insurance companies to work together, helped to secure passage of a special act in the State Legislature. The Society's efforts in seeking the cooperation of doctors in the state to work with the program helped make this plan possible.

To help solve this problem, Massachusetts 65 Health Insurance Association was organized as a joint venture by 44 insurance companies doing business in this State.

The objective was to meet the problem head on by helping people to round out the coverage which a majority now have. This was done by cutting costs in every possible way and making the coverage available immediately.

This has been achieved through Mass 65 major medical. Consequently, the rate for each person enrolled in the major medical plan is $9.00 per month.

Men die younger than women. Of the people arriving at age 65, more than 55 per cent are widows, and another four per cent are single women. Only about 25 per cent of the men are widowers. Yet, at age 65 more than 75 per cent are maintaining their own households. This percentage decreases to about 50 per cent at age 76, because the man of the family more often dies first, and after that the children feel they want to care directly for their mother.

While sons and daughters are able to take care of the routine needs of a parent, especially now that Social Security provides some financial help toward living expenses, they are grave-

(continued on page 18)

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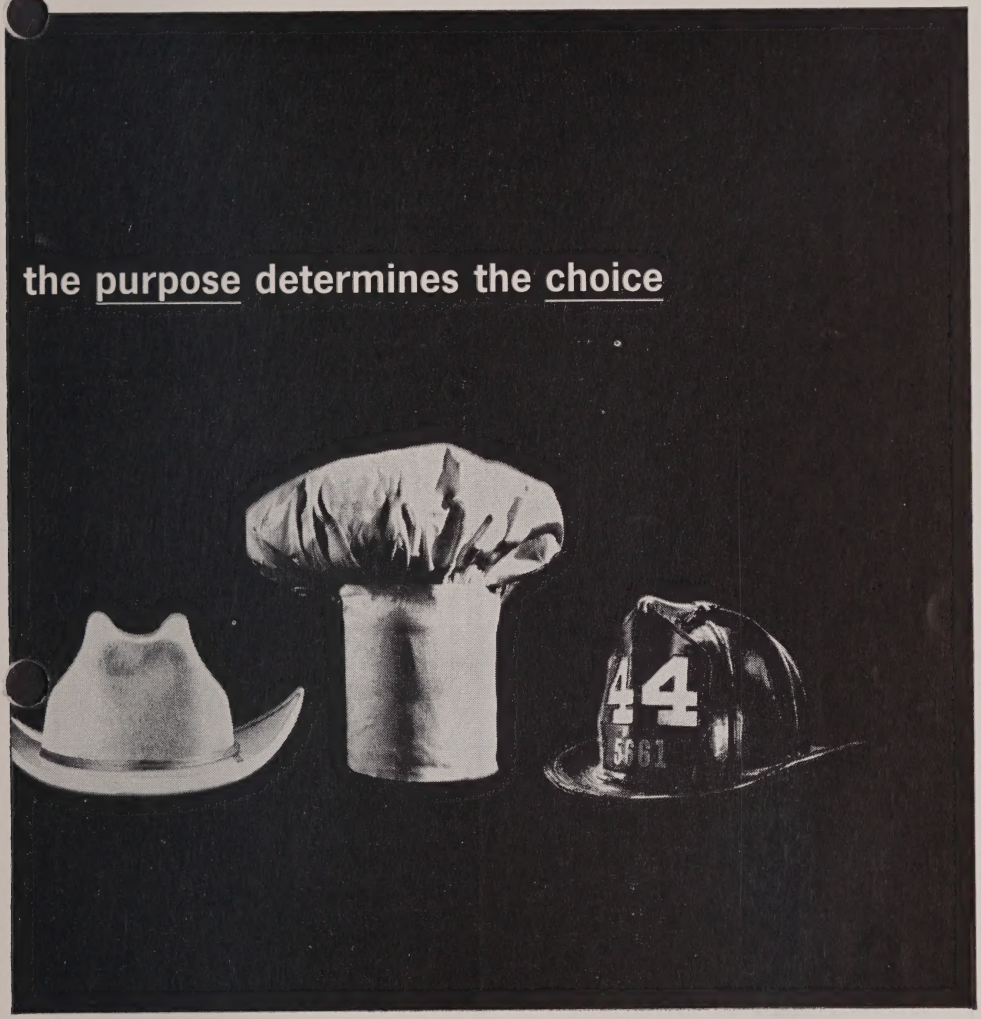

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MASS 65 (from page 15)

ly concerned about how they could possibly manage to pay for a very serious long-term or terminal illness.

In this State, the insurance industry and Blue Cross-Blue Shield have done a good job of alerting the public to the need for protection. A large number of persons have purchased the usual forms of hospital and surgical insurance, which takes care of all ages concerned.

This is good protection, and thousands of older citizens who have it should not be persuaded to give it up.

The price of Mass 65 Major Medical is so low ($9 per person per month) because the sponsors believe that the older persons, secure in the knowledge that funds are available to meet the expense of serious illness, will not hesitate to go to a doctor when they feel they should.

The Mass 65 plan was designed and formulated by the 44 insurance companies participating in offering major medical insurance. As a result of a careful study by top experts in this field, subscribers are given the benefits they need to make the protection they now have more adequate and commensurate with sound insurance practice.

To Massachusetts residents who have no basic protection, Massachusetts 65 makes a basic hospital and surgical plan available on an optional basis.

1.—Basic Coverage — Cost: $8.50 per month for the first 31 days. This basic coverage is not offered separately because the majority of persons over 65 have other insurance (basic coverage) or might wish to assume privately

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the charges for a 31-day illness.

For persons desiring this basic coverage, it must be taken out as a supplementary plan to the major medical plan. The basic plan, covering only the first 31 days of hospital care, on the average pays about 33 per cent of the total hospital and professional bill in a prolonged illness.

II.—Mass 65 Major Medical Plan — Cost $9.00 per month. (The combined basic and major medical plan costs $17.50 per month.)

The major medical plan does not pay benefits paid by the basic plan. It is superimposed on the basic and pays up to $5,000 of covered medical expenses and $10,000 for total lifetime illness.

The Major Medical part of the plan has been estimated to compensate on the average for about 45 per cent of the total cost, which, added to the basic coverage of 33 per cent, would pay for about 78 per cent of the total cost of a major illness.

The subscriber to the combined plan pays an estimated average 22 per cent of the total cost. In this figure is included a nominal $100 deductible provision.

One of the many unique features of Mass 65 is that it provides for freedom of choice of physicians and hospital.

Finally, it promises to be another progressive step in assuring the continuation of a voluntary system of medicine which has lead America to world-wide pre-eminence. #

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INTERMEDIATE RELEASE provides: Amphetamine Sulfate . . 5 mg., Thyroid . . 1 gr., Atropine Sulfate . . 1/360 gr.

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THE WASHINGTON SCENE
(First Hand Report)

The National Legislative Committee of the Holyoke Chamber of Commerce made its annual two day trip to Washington last May. We were the guests of Congressmen Conte and Boland. We talked to many people, including Senator Saltonstall, Senator McCellan, several representatives of the administration, and Congressman Ford of Michigan. This is how the medicare issue unfolded before us.

Congressman Bow, who introduced a tax credit bill for payment of voluntary health insurance of the aged, spent one-half hour with us and discussed his bill at some length. This bill provides that people over 65 shall pay $125.00 a year less in taxes or, if they don't pay this much, be issued script up to $125.00. Tax credit or the script would have to be used to pay voluntary health insurance premiums. Congressman Bow is a strong conservative whose chance of getting sufficient support to pass his bill appeared to be nil. He also displayed some rather strong misconceptions about hospitals. For example, he said that hospital room could be obtained in his home state of Michigan for $12.00 a day, and he assumed the same was true of New England.

We listened to a very able defense of the administration medicare proposal by a lawyer in the Department of Health, Education and Welfare. He seemed to epitomize the attitude of the "New Frontier" in that he had great confidence that he was backing the only right course. His attitude, always vigorous but polite, was that we are in the right and you people will just have to come around.

Of great interest was a drama we saw unfolded in one of the waiting rooms off the Senate floor. Senator Javits of New York was literally besieged by 50 or 60 constituents of his. Most of these were retired garment union members, shepherded about by a small band of young union representatives. They bore many placards and lapel buttons crying out for medicare. Their visit in the Capital was to be a short one. They grouped and regrouped earnestly to contact as many different Congressmen as they could. This was just after President Kennedy's Madison Square Garden speech and it was obvious all of this was affecting the general attitude of our Congressmen hosts and others to whom we spoke. At this time the opin-

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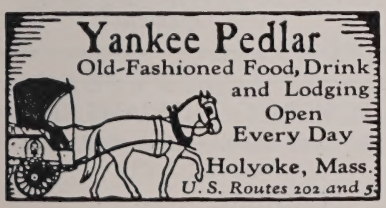
ion pretty much was that the bill would pass on both the Senate and House floors if it ever came out of the House Ways and Means Committee. Then, in May, there seemed to be too much pressure in the face of having to go back to the voters in the fall to resist the administration.

Of course, this is all rather anticlimactic now, since medicare has been shelved by the Senate for the year. However, it will be brought to the Congress again next year and it's anybody's guess as to what will happen then.

I made some personal inquiries regarding "Social Security" for physicians. The consensus was that there was not a sufficiently clear mandate from the physicians of America to warrant doing anything about it at the present time. I have a personal interest in the "Aid to Education" bill and was told quite definitely by Congressman Ford of Michigan that the matter was so snarled up in the conflicting feelings about the religious aspects of the bill that there was no possibility of anything being done this session. This man Ford, incidentally, easily impressed me as being the most vigorous and best informed person we met in Washington. He is a Republican, who was strongly considered for the Vice-Presidential nomination in 1960, and will undoubtedly gain political strength in the future. Mark his name well — you will hear it again.

Maher



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COUNCIL MEETING (OCT. 3) HIGHLIGHTS

The fall meeting of the Council of the M.M.S. was called to order by the President, Dr. Urban Eversole, at 9:30 a.m., on Wednesday, October 3, 1962, in John Ware Hall, Boston Medical Library.

After the usual preliminaries, committee appointments were announced. Of interest to this area, was the appointment of Dr. J. R. Stirlacci to the Committee of Perinatal Welfare. He replaces Dr. Newmark, resigned. Dr. Jerome Whitney was appointed Chairman of the Mental Health Committee. The other appointment of interest was that of Dr. Robert O'Malley to a Special Committee on National Legislation. Two new special committees were announced: a committee to study medical payments in the hospital, and a special committee on organization of the executive branch of the M.M.S. No Hampden members were nominated to either of these committees.

Reports of the committees were then taken up. The Committee of Arrangements recommended that the 182nd meeting of the Society be held at the Statler Hilton Hotel in Boston, on May 21st, 22nd, and 23rd, 1963. The report of the Committee on Medical Education was approved with an amendment that a proposal by the Essex South, relative to intern matching program, be tabled. The report of the Committee on By-laws and Council Rules was heatedly debated and finally decided that the resolutions regarding procedure of the Nominating Committee be disapproved but that district committees present candidates for state office at district meetings so that they might be considered by the Nominating Committee earlier in the year. The Committee on Public Health report dealing with the community participation in the use of oral polio vaccine was taken up. The Council was addressed by Dr. Fiumara relative to the type 3 polio strain immunization program. He stated that at the present time the State Dept. of Public Health was contemplating the use of type 1. Sabin vaccine in January, type 2 in March, and type 3 in May of 1963. This is to be given with state funds to children of school age. By that time, the status of the type 3, Sabin vaccine, would be clarified. For this reason, the report of the Committee was tabled until further information was available.

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APPLIANCES

The name of the Committee of Insurance & Investment Problems was changed to read Committee on Insurance Programs. It was voted that it not be compelled to participate in the investment programs of the M.M.S. It was voted also to give the committee the right to include or exclude any plans offered by insurance companies or insurance brokers, and to request annual reports from companies insuring members of the Society. A motion was made from the floor that this committee be requested to study insurance offered by the A.M.A. was approved.

The Committee on Membership reported that it had reinstated five members who had been dropped for nonpayment of dues. It requested Council's approval of the reinstatement of one person, who had been dropped for other reasons. This was voted by the Council.

The Committee on Medical Defense report was informational as was that of Committee on Disaster Medical Care, Charges to Pooled Funds, Delegates to the A.M.A., Directors to the Charitable and Educational Fund, and Delegates to the New England Medical Council of the New England State Medical Societies. These required no action.

The report of the Committee on Tax-Supported Medical Care was received. It included the report on the request made by the M.M.S. that the "15-mile rule" be omitted. This was turned down completely by Mr. Tompkins and his advisory board. The Committes now feels that a legal test case should be made with the aid of the Legal Committee of the M.M.S., to test the legality of Mr. Tompkins' methods of procedure.

Under the suspension of the rules, the Council adopted a resolution of the Executive Committee that we support the candidacy of Dr. Norman Welsh, for the presidency of the American Medical Association. It also supported a resolution that doctors cooperate with their local Chambers of Commerce, and belong to such organizations.

A resolution from Essex South, opposing federal and state practice of psychiatry, was also approved. A resolution that the Council oppose the care of the mentally ill by others than M.D.'s was approved. A resolution from Worcester that the M.M.S. study the legal implifications of the Kerr-

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Mills bill in Massachusetts and make recommendations, was received. It was noted that the Committee on Tax-Supported Medical Care had already decided to make a test case. The resolution was, therefore, referred to this committee.

A resolution relative to the disapproval of chiropractic in Mass. was referred to the Committee on Public Relations. The Hampden District resolution, relative to payments under insurance coverage in hospitals, was referred to the Committee on Hospital Payments. A resolution that nonpayment of district society dues should be punishable only by probation was referred to the Committee on By-laws. A resolution from Bristol South, relative to the surgical after-care of patients under Blue Shield, was referred to the Executive Committee. A resolution by Dr. Holland that the requirement of a 2/3 vote against a resolution should be the same as that for it. This was referred to the Committee on By-laws.

A film distributed by the American Medical Association featuring Dr. Annis was then shown to the assembled Councilors. This was prefaced by a report from Dr. Ever Curtis of the Public Relations Committee. The film was very interesting and could well be of great interest to district societies, and other groups, medical or otherwise.

Meeting adjourned at 3:15 p.m.

Miller

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COMING EVENTS

HAMPDEN DISTRICT EXECUTIVE COMMITTEE MEETING, NOVEMBER 20 and DECEMBER 18, 1962

A.M.A. CLINICAL MEETING, LOS ANGELES, NOVEMBER 25-28, 1962.

HAMPDEN DISTRICT MEETING, DECEMBER 5 (See page 9).

CENSORS MEETING, DECEMBER 6, 1962.

SPRINGFIELD ACADEMY OF MEDICINE, DECEMBER 11, 1962,

PRE-COUNCIL MEETING, JANUARY 4, 1963.

STATE COUNCIL MEETING, FEBRUARY 6, 1963.

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1. Kolodny, A.L.: Dis. Nerv. System *22*:151 (Mar.) 1961.

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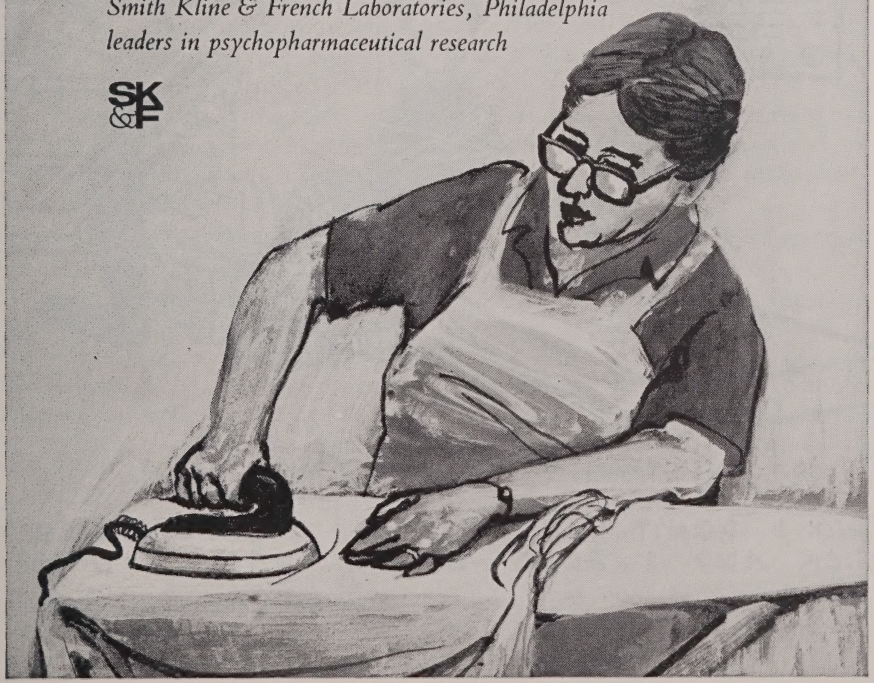

AGED CARE: New York's State Medical Society recommended that the State pay all or part of the cost of health insurance for persons over 65 who cannot afford to pay. It also urged that medical audits of the quality of care furnished under the State's Medical Aid to the Aged program be supervised by the State Health Department, rather than State Dept. of Social Welfare.

An examination leading to certification for medical assistants will be given nationally for the first time in 1963.

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COMMITTEE MEETINGS HELD AT HEADQUARTERS

Executive Meeting, October 16; Public Relations, October 17; Insurance, Labor Relations & Industrial Accidents, October 22; Malpractice & Medico-Legal Affairs, October 23; By-Laws Committee October 24; Diabetes Detection Committee, October 29, and Public Health Committee with new Health Commissioner, Dr. Bellin, October 31.

V. M. Purdy,
Executive Secretary

Only four percent of over-65 families owed debts to physicians, dentists and hospitals in 1961, while 10% of the families under 65 had such debts.

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CORRESPONDENCE

Doctors Invited to Submit Papers for A.M.A. Meeting

Dear Hippocrat:

The Council on Scientific Assembly invites physicians to submit titles and brief abstracts of scientific papers they wish to deliver at the 1963 annual meeting of the American Medical Association, which will be held in Atlantic City, June 16-20. The deadline is December 15.

"We would like to receive as many titles and abstracts as possible," said Council Secretary George R. Meneely, "because in that way we have better selection and this, in turn, assures a more timely and better scientific program."

The Third Multiple Discipline Research Forum will be an important part of the A.M.A. Scientific Assembly in Atlantic City. It will be held for three days and the Forum will be limited to reports, eight minutes in length, of original investigation of fundamental problems in medicine and medical practice. The deadline for Research Forum abstracts is February 1, 1963.

Dr. Meneely also announced that the deadline for space in the Scientific Exhibit at the Atlantic City meeting is January 9, 1963.

The deadline for receipt of application forms for the presentation of films on the Motion Picture Program for that meeting is January 9, 1963.

Physicians who wish to participate in the Atlantic City scientific program and desire information are invited to write to: Dr. George R. Meneely, Secretary, Council on Scientific Assembly, American Medical Association, 535 North Dearborn St., Chicago 10, Illinois.

A.M.A.

New Speech Center

Dear Hippocrat:

As a result of intensive study and activity on the part of local educators and physicians in the Holyoke area beginning in 1959, a new speech center named the Pioneer Valley Speech and Hearing Center has been opened at the Skinner Clinic of the Holyoke Hospital. This center offers its services to patients of all ages with any type of speech problem.

Although located at the Holyoke Hospital, this center is in no way affiliated with the Hospital. It is a voluntary, non-profit organization supported entirely by patient fees and donations by the Junior League of Holyoke.

The center is under the able direction of Mrs. Nancy P. Anderson of East Longmeadow, Mass., who was formerly associated with the Springfield public school system, the Bay State Rehabilitation Center of Springfield, and the cerebral palsy clinics in Monson and Northampton.

Physicians in this area seeking assistance for patients with speech difficulties would do well to make contact with this center.

I. Fitzpatrick, Secretary
Pioneer Valley Speech and
Hearing Center, Inc.

(More on page 28.)

American Diabetes Association Post-Graduate Course in Diabetes, January 16, 17, and 18, 1963. Additional data and registration forms may be secured from:

American Diabetes Association
1 East 45th Street
New York 17, New York

Opposes Psychiatric Units

Dear Hippocrat:

Overtures have been made recently by state officials to put a "psychiatric unit" with personnel furnished by the state into a local general hospital.

Practically all of the general hospital psychiatrists (those trained, capable, and actually practicing the broad range of modern psychiatry in general hospitals) in this state, have made a two-fold objection to such proposed "units":

(1) They would constitute cells of socialized medicine within the hospital. The seducing of the long-unwanted stepchild speciality, psychiatry, is done with this refrain: "Psychiatry is less a branch of Medicine than it is a part of Public Health, and the psychiatrist should be a member of a Public Health team (unit), and thus lose his identity as a physician and with it the unique doctor-patient relationship. Quite apparently the "captains" of such "teams" would ultimately be politicians. Despite boards of directors and other local governing paraphernalia, the hand that controls the purse strings, as is well known, finally controls all. Everything that private medicine stands for would be gone—just in psychiatry, of course, as a start (but how about an internal medicine unit next?).

COMPLIMENTS

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If it is newsworthy and medical, the Hippocrat would like to hear about it.

(2) The U.S. Public Health Commission reports, upon whose data need for the government to establish these units is premised, *pointedly ignores the good work being done in general hospital psychiatry throughout the commonwealth and elsewhere.* Facilities and well-trained psychiatrists are not adequate now, but the rate of growth of this branch of medicine, privately practiced, has been rapid throughout the country.

Neither Hampden nor any other District will obtain high caliber psychiatry by telling newly-trained specialists prospecting the area that when the need for treatment in hospital arises they must relinquish the patient at the door of a "unit".

John W. Donoghue, M.D.

Psycho-galvanometer

Dear Hippocrat:

It should be of interest to the physicians of the Hampden District area to know that the Springfield Hearing League has recently added a psycho-galvanometer to their armamentarium of diagnostic aids in the evaluation of hearing problems. This instrument is especially helpful in evaluating hearing loss in small children who cannot be tested with the usual pure tone audiometer, and in adults when there is a question of malingering or if the patient is unable to respond for any reason. The instrument measures electrical skin responses following a conditioned reflex with an auditory stimulus followed by a slight electrical shock.

The Hearing League has a trained technician for this instrument. It is hoped that full advantage of this type of testing will be taken by the physicians in this area.

B. N. Gotlib, M.D.

COORDINATED MEDICAL EDUCATION

A meeting of the trustees and administrative and medical staffs of seven area hospitals, under the auspices of the Wesson Memorial, was held Sept. 27 in the Springfield Municipal Hospital auditorium. The speaker for the occasion was Dr. Max Michael, Jr., executive director of the Jacksonville (Fla.) Hospitals' educational program, and clinical professor of medicine at the University of Florida.

Dr. Michael outlined the medical education program now in effect in Jacksonville. Involving six hospitals, the program began 10 years ago, but was not formally incorporated and initiated until 1958. Its original purpose was to develop better training programs and to improve medical education through coordination and consolidation.

Each hospital is represented on the 18-member board by its administrator, a trustee and a member of its medical staff. The board meets monthly. Dr. Michael's role as executive director is to counsel, coordinate and spark the various programs undertaken. He stressed that each of the participating hospitals still maintains its individual identity.

He said that the greatest accomplishment of the program to date was the fact that it represented a coordinated effort by several hospitals. Other achievements have been the setting up of laboratories for specialized work, as well as research; establishing uniform salaries for residents; coordinating the doctors' teaching schedules and library facilities and purchasing; expanding the visiting lecturers' program; and generally improving the educational atmosphere and climate in the area.

Concluding his talk, Dr. Michael said, "Springfield can have a coordinated medical education program if the parties involved are willing to work, cooperate and demonstrate a willingness to give and receive. He warned, however, that a firm foundation of medical education in the individual units is needed before the establishment of a sound coordinated program can be considered.

Ayres

"80% of the world's people suffer from either too little food or too much, causing undernutrition on one hand, heart disease and other serious health problems on the other." —Stare

---

WHITE CAP BALL

The 10th Annual White Cap Ball was held on November 23, 1962. A complete reprint will appear in the next issue of the "Hippocrat".

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REPORT OF PUBLIC HEALTH COMMITTEE

The second meeting of the Public Health Committee was held September 26, 1962 in the Society headquarters at 12 noon, with Dr. Pokorny in the chair and Drs. Byrnes, Izenstein, Visconti, Ayres, Fitzpatrick and Joffe present. The work that was proposed at the first meeting was reviewed.

The second item—preparation for Diabetic Detection Week under Dr. Izenstein—is well under way. An announcement was made at a meeting of the District Society last evening in this connection.

Much discussion was given over to the staging of a Public Health Fair. Dr. Byrnes felt that a full Public Health Fair would be an enormous undertaking and a costly one. It was decided that a booth might well be set up at the Home Show week at the Eastern States grounds and at the Boy Scout circus, both events being held in the spring some time. Contacts will be made with the interested parties for further development of this thought. Displays are available through A.M.A., and agencies who are interested in various aspects of Public Health work will probably be interested in displaying their work.

Dr. Fitzpatrick will draw up a list of Public Health services available which will be given to new members at the indoctrination dinner-meeting.

The chairman will get in contact with Mr. Exley, the Executive of the Pioneer Valley Scout Council. Dr. Byrnes will also see about a program on Tom Colton's show, Kitty Broman's or Barbara Bernard's.

The three topics most suited for a booth presentation on TV would seem to be in connection with physical fitness, accident prevention and first aid. Dr. Brynes also announced that Mr. Berry is interested in further propaganda in connection with physical fitness and also warned against issuing exemptions from physical fitness in schools indiscriminately.

Norman A. Pokorny, M.D.,
Chairman
Public Health Committee

N. B.

Col. Ralph T. Miller, of Salvation Army fame, is not one and the same as President Ralph T. Miller of our Society, even if the newspapers erroneously did use our President's photo.

MENTAL HEALTH CONFERENCE

A Community Conference on Action for Mental Health was held at the Sheraton-Kimball Hotel on October 22. This was attended by a large number of people from the Springfield area.

The keynote address, "Current Concepts in Community Mental Health Programs", was given by Erich Lindeman, M.D., Director, Psychiatric Clinic, Massachusetts General Hospital.

A summary of the findings of the various sub-committees studying mental health needs was given by Allen Campbell, Chairman of the Mental Health Committee of the Community Council. No specific recommendations were made. However, the feeling of the group seemed to be that need existed for a central psychiatric unit to incorporate existing agencies. More definitive recommendations will be brought out at a future date.

Cooper

PEDIATRIC GUEST SPEAKERS

(All Day Session)

***Wednesday, December 12, 1962**

Pediatric Hematology Program

Carl Smith, M.D., Director of Hematology & Assistant Professor of Pediatrics, Cornell Medical College, New York Hospital, New York.

***Thursday, December 13, 1962**

Robert J. Cassidy, M.D., Research Associate in Pediatrics, Instructor in Neurology, Albany Medical College, Albany, New York.

Pediatrician in Chief Pro Tem

2 Day Session in February, 1963

Professor Arthur Watkins, Cardif, Wales.

* Program - 5:00 p.m., Clinical Session - 6:00 p.m. Resident Rounds - 6:30 p.m., Dinner - 8:00 p.m. Formal lecture--all at the Springfield Hospital.

ACADEMY

At the December 11 meeting of the Springfield Academy of Medicine the speaker will be Dr. Carl H. Smith, Professor of Clinical Pediatrics, Cornell University School of Medicine. His topic will be "Hematologic Problems in Pediatric Practice". The Clinical Conference will be held at the Springfield Hospital, 5 p.m.

At the January 8 meeting the speaker will be Thomas F. Frawley, M.D., Professor of Medicine, Albany Medical College. His topic will be "Endocrinology". The Clinical Conference will be held at the Wesson Memorial Hospital, 5 p.m.

Join and Support the Academy

GOOD NEWS FROM WASHINGTON

The House Ways and Means Committee has approved recently a bill introduced by Rep. Thomas B. Curtis (R-Mo.) which promises to take a lot of steam out of the drive for King-Anderson type of legislation.

This bill provides that firms can take tax deductions on money paid for medical care benefits under pension programs which are themselves tax deductible. At present, companies lose tax credits if they use pension funds for medical purposes.

This bill has wide bipartisan support and is expected to pass Congress with flying colors.

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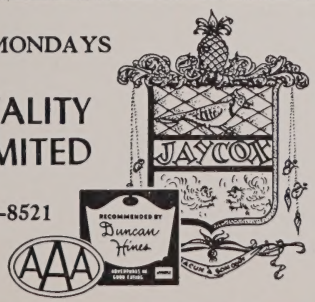

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